PLACE OF BIRTH ARIZON.	A TERRITORIA	AL BOARD O	г неацти
County of Sun (a)			Ter. Index No
District of Vuoture		TAL STATISTICS.	14
Town of	ORIGINAL CERTIF	FICATE OF BIRTH.	Co. Register No.
of		Loca	al Registrar's No
City of		 St:	Ward)
		•	(Born) YES
FULL NAME OF CHILD	Mem		Alive 710
If child is not named, make Supplemental Report on blank obtainable from local registrar.			
Sex of Frace Twie, friplet or other	Number; in order of birth Legiti- matr?	Date of march Eirth (Month)	(Day) (Yr.)
Pull Hame Walter & Brice	Iuli Meiden Name	le Luw	ull
Black warrio	Residence	Porkina	sion
Color or Race W Age at last 3 Birthday(Y	Golor or Race		Age at last 2-6. Birthday (Years)
Birthplace Jew Co	Pirthplace	Joening 1	25
Occupation Mines	Occupation	free u	mi for
Number of child of this mother. 3 Number of children, of this	mother, now living 2 Wer	e Precautions t aken ag ainst Op	hthalmis neonatorum
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of above child; and that it occurred on Jacob 19 ft., at 12 9 is			
1	e chia; and that it occur	1201	
*When there is no attending physician or midwife, then the householder should make this return.	(Mgzature) (Att	ending paysician,	
Given or christian name added from a		diameter Thank	\cdot
supplemental report191	a Mor / 1911	ddress Miles	++
Cas mi	101 5 1011	B & 3104	CAL REGISTRAR.

Write Pin...dy, with Unfading Ink.—This is a Permantont Record.

E.B.—In cast of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, suche. This certificate must be fled by the attending Physician or Midwife with the Local Registrar within 5 days after birth.